

## **Historic, Archive Document**

Do not assume content reflects current scientific knowledge, policies, or practices.



August 9, 1944

## SOME OBSERVATIONS AND SUGGESTIONS REGARDING NUTRITION CLINIC DEMONSTRATIONS

Nutrition clinic demonstrations are informal meetings. The physician conducting the "clinic" points out and discusses signs and symptoms of malnutrition exhibited by individuals having various nutritional deficiencies and who have agreed to participate in the demonstration. This serves to show some of the things that malnutrition does to people. Each clinic is sponsored by a health department, medical school, or other local medical organization at the request of the state or local nutrition committee, which acts as co-sponsor.

This summary has been prepared as a result of requests for information and suggestions concerning such demonstrations.

### Purposes for Which Nutrition Clinic Demonstrations are Conducted.

1. To give professional people and other workers in the National Nutrition Program a more adequate concept of good and poor nutrition.
2. To stress the fact that most of the malnutrition in this country is found in mild or moderately severe forms rather than as severe classical deficiency states.
3. To emphasize the fact that malnutrition is "a group of diseases" to which many factors contribute, and that understanding of the problem depends upon an appreciation of its various aspects.
4. To point out that because signs and symptoms of malnutrition may be caused by organic or functional disturbances or disease conditions, malnutrition in the individual should be recognized as a medical problem which should be diagnosed and treated by a physician.
5. To emphasize that the nutritional problems of the community depend for their solution on appreciation of the various aspects of these problems by all individuals and agencies working in the field of nutrition and upon their coordinated efforts to work out solutions.
6. To stress the fact that malnutrition can be prevented by the establishment and maintenance of good habits, together with wise production and utilization of food.

### Requests for Assistance.

The Nutrition Programs Branch, Office of Distribution, War Food Administration, assists State and local health departments and nutrition committees in planning and conducting these demonstrations by making available to them the services of

1425052

Dr. Walter Wilkins. He assists the local health officers in selecting patients and conducts, or assists in conducting, the clinics.

Since Dr. Wilkins is a medical officer detailed from the U. S. Public Health Service to the Office of Distribution, formal requests for his participation in clinic demonstrations are made by the State health officer to the Surgeon General, U. S. Public Health Service, Bethesda, Md.; or to the appropriate U. S. Public Health Service District Medical Office. In making such requests, health officers have stated that the work to be done is in cooperation with the nutrition committee

#### Preparation for Nutrition Clinic Demonstrations

The greater part of the work connected with the clinics must be done in advance of the actual demonstrations. In some instances, a clinic demonstration has been held in a central place in the State. Representatives of local nutrition committees and other organized groups from various parts of the State have attended these demonstrations. In states where several clinics have been held, the State has been divided into sections and clinics planned so that representative groups from the surrounding areas could attend with a minimum of travel. When from three to six clinics have been held in various parts of the State, they have been attended by representatives from all parts of the State. Of course, the number of clinics held in any State depends upon the size of the State, its population, and the transportation facilities available, as well as the time that can be devoted to this work. The number of people attending any one clinic is limited to 100 to 150 in order that everyone will be able to see and hear and that the meeting may be kept informal and effective. In most cases, tickets are provided by the nutrition committee. This committee and the health department distribute the tickets to people who represent agencies and groups working on various aspect of the nutrition problem. Each county or city in the area served by a clinic is usually represented by people from several official and voluntary agencies.

In places where there is no local public health organization, plans for organizing and conducting nutrition clinic demonstrations can sometimes be worked out with other local medical organizations or groups, such as medical societies, medical schools, and hospital clinics.

#### Selection of "Cases"

1. The health department or medical group sponsoring the clinic selects prospective "cases" for demonstration. Several weeks are usually allowed for case finding by health officers and public health nurses.
2. Work-up of cases for clinic demonstrations includes collection of diet records from prospective "patients." If possible, record for a full week are obtained.
3. Arrangements are made for getting patients to the clinic. The patients who come alone are given written instructions as to the time and place that the clinic is to be held. When a child is to be presented, an adult responsible for the care of the child, preferably one or both parents, is present.



4. It is essential that good rapport be established with the patients. Each patient should have complete understanding of the purpose of the meeting he is to attend and the part he is to play in it.
5. The local health departments line up 40 to 50 malnourished individuals (adults and children) for each clinic. Several days before the clinic, the U. S. Public Health Service medical officer assists the local health officer in selecting 15 or 20 of them to participate in each demonstration.

(When health departments have been asked to select prospective patients for clinic demonstrations, they have often felt that they must find clear-cut, classic deficiency cases. These are not usually very numerous in any area. However, there are many cases of malnutrition in any fairly large community or area. From these the U. S. Public Health Service medical officer, or an officer from the State health department, can assist local health officers in selecting individuals who exhibit signs and symptoms of dietary deficiencies that are not so commonly recognized.)

At clinics which have been held in various parts of the country, patients, have been shown who exhibited such signs as the following:

1. Evidence of anemia (hypochromic)
2. Swollen, spongy, bleeding gums
3. Evidence of rickets (active or healed)
4. Rough skin (goose-pimplelike lesions which are often associated with vitamin A deficiency)
5. Cheilosis (often associated with riboflavin deficiency)
6. Slick tongue
7. Magenta tongue
8. Cracked lips
9. Dental caries
10. Goiter (simple)
11. Photophobia
- 12.. Crusty eyelids
13. Nutritional edema

In addition to the above, in some clinics infants with scurvy and patients with pellagra have been shown. Their cases have been discussed and pellagra patients have been questioned about their previous and present diets. Mothers of infants with scurvy have been similarly questioned about the diets given to their babies.

Procedures Which Have Been Used in Presenting Nutrition Clinic Demonstrations

Time required: About  $2\frac{1}{2}$  to 3 hours.

The following procedures are among those which have proved successful in presenting nutrition clinic demonstrations.

1. The local nutrition committee chairman, or a person designated by the chairman, presides at the meeting. This presiding person gives a brief statement of the objectives of the meeting.
2. Because the success of the meeting depends to a great extent upon the interest and cooperation of the "patients," meetings start on time and discussions are short. All matters pertaining to nutrition committee business are postponed until the demonstrations are finished, and the patients have been informed that they are free to leave if they wish.
3. All discussion is in language which laymen, especially the patients, can understand. Preliminary remarks are short and to the point.
4. The physician who conducts the clinic gives a brief discussion. He outlines the important points relative to the purpose of the demonstration and the need for it.
5. A representative of the State health department discusses the importance of nutrition in relation to particular problems of the State or the local community.
6. A representative of a State agricultural agency points out the relationship between soils, food production, and human nutrition. Illustration by the use of slides and charts often proves very effective.
7. A school official or teacher discusses nutrition as it affects school children.
8. Presentation of patients

- a. Even though the clinic is held primarily for the benefit of the nutrition committee and guests, adult patients and older children are seated as a part of the audience. It is felt that they derive benefit from the whole discussion. Also they are at ease when they actually participate in the meeting. At no time are they made to feel that they are "on exhibition."

(A room should be provided where a nurse, or some other responsible adult, can keep young children who are to be shown in the clinic as well as small children who accompany their parents to the meeting. The nurse or nutritionist who assists the doctor in conducting the clinic can bring each child or group of children into the clinic at the proper time. A few toys or picture books in the children's "waiting room" are valuable additions.)

- b. Care and consideration are always used in presenting a patient in order to avoid embarrassing him.
- c. The patient is sometimes presented as a case. When the history, principally dietary, is given by the doctor the patient takes no part in the discussion;

or

sometimes the patient participates in the discussion by answering questions or by telling his own history.

- d. The audience is encouraged to present questions at any time during the demonstration. This helps to foster a spirit of informality. It also helps to keep the discussion centered on local problems and to provide information needed by workers who are participating in the local nutrition program.
- e. In discussing each case, the shortcomings of the diet are emphasized and specific recommendations for improvement are offered to the patient. These recommendations are suggestions for dietary changes, or additions to the diet.
- f. It is always suggested that the patient consult his own physician if he has one. When it seems advisable, it is suggested that patients who have no family physician go to a clinic for guidance.
- g. Follow-up procedures, which may be carried out by local public health workers, are planned. A brief outline of the follow-up plan is valuable to the audience and helps to impress the patient with the importance of putting the recommendations to work.
- h. Slides are shown depicting more severe deficiency diseases in the area and are discussed by the physician who presents the clinic.
- i. A few slides showing normal development of children are used to emphasize the importance of good nutrition.

#### Planning for Future Work

Following some nutrition clinic demonstrations, the sponsoring groups have made arrangements for representatives attending the meeting to eat at a nearby cafeteria or restaurant or for a meal to be served them by some local women's group.



(Members of the nutrition committee may use this opportunity to plan a lunch which illustrates the type of meal consistent with a highly nutritive diet.)

A subsequent meeting is sometimes held for discussion of local nutrition problems and planning for future work. Examples of types of meetings and subjects that have been discussed are listed below.

1. Questions from the audience have been directed to a panel of experts representing the State and local agencies. Various aspects of local nutrition problems were discussed and plans were made for future work. In such discussions the agencies showed how they could participate in efforts to overcome the problems by including specific activities in their regular programs. Often they have found that programs could be intensified or certain aspects of them could be given greater emphasis.
2. Meeting opened by the chairman.
  - a. Presentation and discussion of facts regarding the principal local nutrition problems.
  - b. Report of local conditions by county health officers.
  - c. Questions concerning patients presented at the clinic asked by the audience and answered by the medical officer who conducted the clinic.
  - d. Summary of findings in the locality by the local health officer and the medical officer who assisted in selection of the patients. Suggestions for improving conditions found.
  - e. Discussion of:
    - (1) How public health and medical workers and the nutrition committee can be of mutual assistance.
    - (2) What the various groups represented can contribute to solution of local nutrition problems.
    - (3) Types of followup activities in which nutrition committees can participate. Practical planning for future work.
    - (4) Plans for future "fact-finding" and discussion of the type of information each agency or group can contribute.

The Physical Set-Up for Clinic Demonstrations Requires the Following:

1. A room of suitable size. (It should be large enough for comfort, but not so large as to make the groups seem lost in it.)
  - a. Lantern slides of nutritional deficiency states are usually shown. When this is done, it is necessary to have a room which can be "blackened out" so that the colored slides will show up effectively.
  - b. Suitable electric outlets or extension cords are necessary.
2. Movable chairs which can be arranged in concentric circles. This encourages informality and makes it possible for everyone to see and hear. It also encourages participation by the entire group.



3. Since small children are often shown in the clinics, a table, sturdy enough for a child to sit or stand on, should be provided.
4. Tongue blades.
5. Flashlight.
6. Projector for 2 x 2 inch slides.
7. Table or stand for projector.
8. Screen for showing slides.
9. Samples of teaching material used in instructing patients.

#### Incidental Expenses of Nutrition Clinic Demonstrations

Some of the groups sponsoring nutrition clinic demonstrations have found it helpful to set up a small reserve fund to take care of incidental expenses that may arise. Occasionally it is necessary to pay transportation costs or to provide meals for patients coming from a distance. Often it is helpful to have x-ray pictures of some of the children with rickets. Some nutrition committees like to buy nutrition literature for distribution to those attending. These and similar expenses have been met by some of the groups sponsoring nutrition clinic demonstrations.

